



The United States Life Insurance  
 Company in the City of New York  
 Annuity Service Center  
 P.O. Box 871  
 Amarillo, TX 79105-0871  
 Telephone: 877.289.0256

**Single Premium  
 Deferred Fixed Annuity  
 Application**

MVA Term Selected: \_\_\_\_\_ Year Term

**OWNER (All Policyholder correspondence will be sent to this address.)**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_ SSN: \_\_\_\_\_  
 \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**JOINT OWNER (Optional. Non-Qualified Annuities only.)**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Marital Status: \_\_\_\_\_ SSN: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**ANNUITANT (If different from the Owner.)** Upon the death of the Annuitant, Owner may designate a new Annuitant. If no designation is made within 30 days of the death of the Annuitant, the Owner will become the Annuitant.

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ SSN: \_\_\_\_\_  
 \_\_\_\_\_ Relationship to Owner: \_\_\_\_\_

**OWNER'S BENEFICIARY DESIGNATION – In the event of death of Owner, surviving Joint Owner becomes Primary Beneficiary.**

If you do not want the Joint Owner to be the Primary Beneficiary, check here and name Beneficiary below.

Primary Beneficiary: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Contingent Beneficiary: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**INTEREST RATE** (Interest is credited and compounded daily to achieve the annual rate. To achieve this rate, the premium must be left for the applicable term without any withdrawals.) The guaranteed minimum interest rate for the life of your policy is \_\_\_\_\_%.

Year 1: \_\_\_\_\_% Years 2 through \_\_\_\_\_: \_\_\_\_\_%

MVA Term Periods:  5 Year  6 Year  7 Year  8 Year  9 Year  10 Year

**PURCHASE PAYMENT**

Policy Number: \_\_\_\_\_ Policy Date: \_\_\_\_\_  
 Single Premium Payment: \$ \_\_\_\_\_ Annuity Date: \_\_\_\_\_

**PLAN TYPE** (required):  Non-Qualified  Qualified \*

**Tax-Qualified Plans:**  Traditional IRA  SEP IRA  Roth IRA  401 Corporate Plan  Other: \_\_\_\_\_

Check one:  Initial Contribution for Tax Year \_\_\_\_\_  Transfer  Rollover  Roth IRA Conversion Year \_\_\_\_\_

\* If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.

**SIGNATURES** Checks must be made payable to **The United States Life Insurance Company in the City of New York.**

Do you have any existing life insurance policies or annuity contracts?  Yes  No  
 Will this annuity replace, discontinue or change any existing life insurance or annuity contract issued by any company?  Yes  No (If yes, complete the following.) Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Are you an active duty service member of the United States Armed Forces?  Yes  No

I understand this annuity is not federally insured. On behalf of myself and any person who may claim any interest under this policy, I represent that all statements and answers in this application to the best of my knowledge and belief are complete and true.

Please initial if applicable: \_\_\_\_\_ I am applying for a market-value adjustment annuity. I understand that amounts payable under the policy are subject to a market value adjustment and to an early distribution charge for the period specified in the policy.

\_\_\_\_\_  
 Owner's Signature Joint Owner's Signature (if applicable)  
 Signed at (city/state): \_\_\_\_\_ on (date): \_\_\_\_\_

**REPRESENTATIVE INFORMATION**

To the best of my knowledge the applicant has an existing life insurance policy or annuity contract.  Yes  No  
 Do you have any reason to believe this annuity will replace, discontinue or change any existing life insurance or annuity?  Yes  No  
 As agent, have you complied with all State Replacement Regulations and completed all required State Replacement forms?  Yes  No  
 By signing this form, I certify that I have truly and accurately recorded herein the information provided by the applicant.

\_\_\_\_\_  
 Licensed Agent's Signature Agency Name and Number  
 \_\_\_\_\_ State Lic.#: \_\_\_\_\_ Agent#: \_\_\_\_\_  
 \_\_\_\_\_  
 Licensed Agent (Print name)

This is a summary of the provisions of your annuity, but it is not a part of your contract. Your annuity contract contains complete details.

The Western National series of annuities is issued and underwritten in New York by The United States Life Insurance Company in the City of New York ("US Life") and in all other states by American General Life Insurance Company.

The Western National Set Rate Annuity is a single premium deferred annuity with a market value adjustment ("MVA") provision. The Western National Set Rate Annuity has a premium guarantee, which provides that your value at cancellation will be equal to or greater than your premium paid less any previous withdrawals.

The Western National Set Rate Annuity is designed for the long-term contract holder who wishes to benefit from the advantage of tax-deferral. This annuity is not appropriate for those who may have short-term goals or need liquidity. Significant penalties may apply to early withdrawals. Consult your tax advisor regarding your specific situation.

**ANNUITIES:** are not a deposit; are not FDIC/NCUA/NCUSIF-insured; are not insured by any federal government agency; are not guaranteed by the bank/credit union; and may lose value.

**Check the applicable initial MVA Term below. (Please find the initial MVA Term that you selected on your application. Note that if there is a discrepancy between the interest rates listed below and the interest rates stated on the application, the higher stated interest rate will apply.)**

MVA Term: The initial MVA Term is  5  7  8  9  10 years, the period of time for which the initial MVA Interest Rate is guaranteed. At the end of the MVA Term, your annuity will automatically renew for an MVA Term of the same length, unless you request otherwise.

MVA Interest Rate: The effective annual interest rate credited during the initial MVA Term is \_\_\_\_\_%. A new rate will be declared for each subsequent MVA Term.

**Guaranteed Minimum Interest Rate:** (The current guaranteed minimum interest rate is predetermined by US Life.) The effective annual interest rate will be declared from time to time by the Board of Directors and is guaranteed to always be at least \_\_\_\_\_%. This guaranteed minimum interest rate will remain in effect for the life of your contract and is not subject to change.

**Withdrawals:**

**Permitted Free Withdrawals:** After the first contract year, you may take one free withdrawal each contract year, not exceeding 10% of the annuity value as of the previous contract anniversary. This withdrawal is not subject to any market value adjustment or early withdrawal charge. Additionally, you may take a full or partial withdrawal within the 30-day period following the end of an MVA Term without incurring a market value adjustment or early withdrawal charge, provided the first MVA Term is at least three years.

**Market Value Adjustment:** During an MVA Term, withdrawals in excess of permitted free withdrawals will be subject to a market value adjustment. Depending on current interest rates, the effect of the market value adjustment may be positive or negative.

**Early Withdrawal Charges:** Except for withdrawals during the 30-day window at the end of an MVA Term, full or partial withdrawals (in excess of any permitted free amounts) made during the first seven years will be subject to a market value adjustment, as described above, and early withdrawal charges, as described below:

Withdrawal Charge Schedule								
Contract Year	1	2	3	4	5	6	7	Thereafter
Charge	7%	6%	5%	4%	3%	2%	1%	0%
(% of Premium Withdrawn)								

Tax-qualified contracts such as IRAs, 401(k)s, etc. are tax deferred regardless of whether or not they are funded with an annuity. If you are considering funding a tax-qualified retirement plan with an annuity, you should know that an annuity does not provide any additional tax-deferred treatment of earnings beyond the tax-qualified plan or program itself. However, annuities do provide other features and benefits such as death benefits and income payment options.

*The expense charges may be higher and/or the interest rate credited may be lower for a contract with a bonus than for a contract without a bonus. The amount of the bonus may be more than offset by the charges and/or reduced interest associated with the bonus.*

**Extended Care Rider:** Early withdrawal charges may be waived in the event an Owner receives qualifying extended care if:

- Extended care begins at least two years after the Contract Date; and
- Extended care is provided in a qualified institution for at least ninety consecutive days.

Coverage terminates on the earliest of the date income payments begin or the date on which the annuity contract terminates.

**Waiver of Early Withdrawal Charges:** Early withdrawal charges and any negative market value adjustment may be waived if:

- A Licensed Health Care Practitioner certifies that the Owner is unable to perform at least 2 of 6 Activities of Daily Living for at least 90 consecutive days; and
- Certification by a Licensed Health Care Practitioner occurs at least one year after the Contract Date.

Coverage terminates on the earliest of the date income payments begin or the date on which the contract terminates.

**Terminal Illness Rider:** Early withdrawal charges may be waived on one partial withdrawal or full withdrawal of the annuity value if:

- An Owner is diagnosed with a disease or medical condition which a qualified physician expects will result in death within one year; and
- The Company receives notice of an Owner's terminal illness.

Coverage terminates on the earliest of the date income payments begin, the date of a withdrawal taken according to the provisions of this rider, or the date on which the annuity contract terminates.

**Federal Tax Penalty:** Withdrawals from your annuity prior to age 59½ are generally subject to a 10% federal early withdrawal penalty.

**Annual Statements:** A statement of your account will be provided at least once each contract year.

By signing below, I/we acknowledge that I/we have read and understand the above items, **including the information on page 1 of this form**, have received a copy of this acknowledgment and certify that I/we have paid a single premium of \$ \_\_\_\_\_ to purchase a Western National Set Rate Annuity from US Life. I/we further certify that my/our financial objectives and situation were assessed and that this annuity is suitable for me/us.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

_____ AGENT'S NAME (Please Print)	_____ OWNER'S NAME (Please Print)	_____ JOINT OWNER'S NAME, IF ANY (Please Print)
_____ AGENT'S SIGNATURE	_____ OWNER'S SIGNATURE	_____ JOINT OWNER'S SIGNATURE, IF ANY

**CLIENT PROFILE**

Annuities are intended to be long-term investments and are not intended for short-term savings goals. The United States Life Insurance Company in the City of New York requires that the Licensed Agent determine whether the purchase of an annuity is consistent with your financial needs and objectives. The information below will be used in determining whether an annuity is an appropriate recommendation for you.

Personal Information (Please Print)					
Name:		Date of Birth:		Age:	Social Security Number:
Address:			City:	State:	Zip Code:
Home Phone:	Work Phone:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Spouse's Name:		Spouse's Date of Birth:	Spouse's Age:	Spouse's Social Security Number:	
Type of ID verified, number, and expiration date:			Financial resources used to fund annuity:		
Federal Tax Bracket: <input type="checkbox"/> 0% - 10% <input type="checkbox"/> 10% - 15% <input type="checkbox"/> 15% - 25% <input type="checkbox"/> 25% - 28% <input type="checkbox"/> 28% - 33% <input type="checkbox"/> 33% - 35% <input type="checkbox"/> > 35%					
Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Head of Household					

Financial and Investment Information			
<b>Financial Objectives</b> <input type="checkbox"/> Avoid Probate <input type="checkbox"/> Growth <input type="checkbox"/> Income <input type="checkbox"/> Safety of Principal <input type="checkbox"/> Transfer to Heirs <input type="checkbox"/> Other _____	<b>Intended Use</b> <input type="checkbox"/> Child's Education <input type="checkbox"/> Estate Planning <input type="checkbox"/> Income <input type="checkbox"/> Interest Earnings <input type="checkbox"/> Retirement <input type="checkbox"/> Tax Savings <input type="checkbox"/> Other _____	<b>Investment Time Frame</b> <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> Longer than 10 years	<b>Annual Household Income (in thousands)</b> <input type="checkbox"/> \$0-25 <input type="checkbox"/> \$150-200 <input type="checkbox"/> \$25-50 <input type="checkbox"/> \$200-250 <input type="checkbox"/> \$50-75 <input type="checkbox"/> \$250-500 <input type="checkbox"/> \$75-100 <input type="checkbox"/> \$500-750 <input type="checkbox"/> \$100-150 <input type="checkbox"/> \$750-1 mil <input type="checkbox"/> > \$1 mil
<b>Net Worth – excluding home and personal property (in thousands)</b> <input type="checkbox"/> \$0-25 <input type="checkbox"/> \$300-400 <input type="checkbox"/> \$25-50 <input type="checkbox"/> \$400-500 <input type="checkbox"/> \$50-75 <input type="checkbox"/> \$500-750 <input type="checkbox"/> \$75-100 <input type="checkbox"/> \$750-1 mil <input type="checkbox"/> \$100-150 <input type="checkbox"/> \$1-1.5 mil <input type="checkbox"/> \$150-200 <input type="checkbox"/> \$1.5-2 mil <input type="checkbox"/> \$200-250 <input type="checkbox"/> > \$2 mil <input type="checkbox"/> \$250-300 <p style="text-align: right;">Actual</p>	<b>Liquid Net Worth after this purchase (in thousands)</b> <input type="checkbox"/> \$0-25 <input type="checkbox"/> \$300-400 <input type="checkbox"/> \$25-50 <input type="checkbox"/> \$400-500 <input type="checkbox"/> \$50-75 <input type="checkbox"/> \$500-750 <input type="checkbox"/> \$75-100 <input type="checkbox"/> \$750-1 mil <input type="checkbox"/> \$100-150 <input type="checkbox"/> \$1-1.5 mil <input type="checkbox"/> \$150-200 <input type="checkbox"/> \$1.5-2 mil <input type="checkbox"/> \$200-250 <input type="checkbox"/> > \$2 mil <input type="checkbox"/> \$250-300 <p style="text-align: right;">Actual</p>	<b>Estimated Annual Expenses</b> <input type="checkbox"/> \$0-15,000 <input type="checkbox"/> \$15,001-30,000 <input type="checkbox"/> \$30,001-45,000 <input type="checkbox"/> \$45,001-60,000 <input type="checkbox"/> \$60,001-75,000 <input type="checkbox"/> \$75,001-90,000 <input type="checkbox"/> > \$90,000 <p style="text-align: right;">Actual Annual Expenses</p>	<b>Anticipate Needing Access to Funds</b> <input type="checkbox"/> Within 1 year <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> Longer than 10 years <input type="checkbox"/> Funds will not be needed <p style="text-align: right;">Amount Needed _____</p>
<b>Financial Experience</b> <input type="checkbox"/> Annuities <input type="checkbox"/> Bonds <input type="checkbox"/> CDs <input type="checkbox"/> Life Insurance <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Stocks <input type="checkbox"/> Other _____			
<b>Risk Tolerance</b> <input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive			

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**US Life**  
 The United States Life Insurance Company  
 in the City of New York (US Life)

Mailing Address:  
 P.O. Box 871  
 Amarillo, TX 79105-0871

Overnight Mailing Address:  
 2271 Southeast 27<sup>th</sup> Avenue  
 Amarillo, TX 79103

**REQUEST FOR PARTIAL EXCHANGE UNDER SECTION CODE 1035 (a)**

**Partial Withdrawal and Assignment of Proceeds to:**

**TO BE COMPLETED ON THE EXISTING CONTRACT:**

<p><b>CONTRACT NO.:</b> _____</p> <p><b>OWNER(S):</b> _____</p> <p><b>SSN OR TAX ID NO.:</b> _____</p> <p><b>ADDRESS:</b> _____</p> <p><b>PHONE NO.</b> _____</p> <p><b>ANNUITANT:</b> _____</p> <p><b>EXISTING INSURER'S NAME/ADDRESS:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Proceeds being assigned (please complete only one line)</p> <p>_____ % (Gross) (percent of current value to be withdrawn prior to application of surrender or early withdrawal charges)</p> <p><b>OR</b></p> <p>_____ % (Net) (percent of current value I desire to have sent to new insurer after surrender or early withdrawal charges) <b>OR</b></p> <p>\$ _____ (Gross) <b>OR</b></p> <p>\$ _____ (Net)</p>
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**Instructions:**

To the Existing Insurer: It is my desire to withdraw a part of the proceeds of my existing contract as described above and assign those proceeds to The United States Life Insurance Company in the City of New York in an exchange intended to qualify under Section 1035(a) of the Internal Revenue Code. My signature below is authorization to withdraw from my contract the proceeds described above and pay those funds directly to The United States Life Insurance Company in the City of New York.

To the New Insurer: I hereby transfer and assign to The United States Life Insurance Company in the City of New York the above-described proceeds from my existing annuity contract, subject to your acceptance. Please issue a new contract upon your receipt of the proceeds. The Owner and Annuitant on the new contract will be the same as on the existing contract.

**I UNDERSTAND THAT UPON RECEIPT OF THE PROCEEDS BY THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK, THE PROCEEDS WILL BE APPLIED AS AN INITIAL PREMIUM FOR THE NEW ANNUITY CONTRACT.** The proceeds assigned shall not be considered a premium until the assigned proceeds are actually received by The United States Life Insurance Company in the City of New York. A contract will not be in effect until the first premium is paid. If a claim should arise before payment of the initial premium is received by The United States Life Insurance Company in the City of New York, I agree to look solely to the issuer of the existing contract noted above for relief.

I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the existing contract in regard to those proceeds assigned to The United States Life Insurance Company in the City of New York.

I understand that the exact amount of the proceeds may vary depending upon the date of the partial transfer, and I agree to execute any additional documents required to complete the transfer.

I represent that the existing contract is not subject to any prior assignment; the contract is not subject to proceedings in bankruptcy, federal tax levy, or collection proceedings resulting from an unpaid assessment, or any other legal action; and that there is no outstanding loan on the contract.

I understand that a partial exchange is subject to applicable tax rules and requirements, including but not limited to IRS Revenue Procedure 2008-24 which requires that the cost basis of the original contract be reduced pro rata by the amount of the exchange to the new contract. That guidance includes specific rules intended to prevent the use of partial exchanges to avoid tax obligations, and provides that any distribution from either the surrendering or receiving contract involved in a partial exchange within 12 months from the date of the exchange may result in the partial exchange being treated as a taxable withdrawal from the original contract rather than a tax-free exchange.

To the extent that Section 1035 of the Internal Revenue Code permits certain nontaxable partial exchanges of annuity contracts, it is my intention that said partial exchange qualify as a Section 1035 exchange. As such, I affirm that it is not my desire or intention to avoid the 10% premature withdrawal penalty imposed by Section 72(q) by virtue of said partial exchange.

I understand that my tax basis in the above-referenced annuity contract shall be allocated to said partial exchange on a pro-rata basis after the assessment of any surrender or early withdrawal charge due to the existing insurer. I agree to the transfer of a pro-rata part of my tax basis to The United States Life Insurance Company in the City of New York based on the methodology disclosed herein.

I represent and agree that The United States Life Insurance Company in the City of New York is furnishing this form and is participating in the transaction at my specific request and as an accommodation to me. I understand and agree that neither The United States Life Insurance Company in the City of New York nor its agent(s) make any representations concerning my tax treatment under Internal Revenue Code Section 1035 or otherwise, and that The United States Life Insurance Company in the City of New York has no responsibility or liability for the validity of the Assignment.

I understand that The United States Life Insurance Company in the City of New York does not provide tax or legal advice and recommends that I seek the advice of my tax or legal advisor before entering into this transaction.

I understand that the transactions associated with the above-referenced existing annuity contract will be reported to the IRS by the existing insurer as a Section 1035 exchange, and that I will be responsible for any federal income tax consequences, interest and penalties, if any, associated with said transactions. Further, I agree to hold harmless and indemnify The United States Life Insurance Company in the City of New York and its affiliates from any federal income taxes that may be incurred, if any, as a result of said transactions associated with the above-referenced annuity contract.

**I UNDERSTAND THAT THE CASH VALUE OF THE ASSIGNED PROCEEDS SHALL NOT BE CONSIDERED PART OF THE PREMIUM UNTIL THE ASSIGNED PROCEEDS ARE ACTUALLY RECEIVED BY THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK. I FURTHER UNDERSTAND THAT AN ANNUITY CONTRACT WILL NOT COME INTO FORCE SIMPLY AS A RESULT OF THIS ASSIGNMENT.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
CITY, STATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF OWNER/ASSIGNEE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF CO-OWNER (IF APPLICABLE)

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**ACCEPTANCE**  
**(To be Completed by the New Insurer)**

To the Existing Insurer: The above-named individual has applied for a Non-Qualified Annuity with \_\_\_\_\_. We will accept the above-described assignment of a portion of the proceeds currently held in your contract for placement into the Non-Qualified Annuity established at \_\_\_\_\_. This transaction is to be accomplished in accordance with Internal Revenue Code Section 1035(a).

Please provide us with the pre and post 8/13/82 cost basis allocated to the partial exchange after assessment of any early withdrawal charges.

\_\_\_\_\_  
By: \_\_\_\_\_  
Signature of Authorized Representative Date  
\_\_\_\_\_  
Printed Name of Authorized Representative

Checks should be made payable to The United States Life Insurance Company in the City of New York for the benefit of \_\_\_\_\_  
Name of Existing Contract Owner

SSN or Contract No: \_\_\_\_\_

The United States Life Insurance Company in the City of New York  
P O Box 871  
Amarillo, Texas 79105-0871

The Western National series of annuities is issued and underwritten in New York by The United States Life Insurance Company in the City of New York and in all other states by American General Life Insurance Company.

**REQUEST TO TRANSFER FUNDS**

<b>1. PERSONAL INFORMATION</b>	
Owner: _____ Annuitant (if different from owner): _____ Address: _____ City/State/Zip: _____	Joint Owner: _____ Social Security Number: _____  Phone: _____
<b>2. CONTRACT/CERTIFICATE</b>	
Account Number _____  The above contract(s) is <input type="checkbox"/> enclosed <input type="checkbox"/> misplaced	Company Address _____ _____ Phone _____
<b>3. TYPE OF WITHDRAWAL</b>	
<input type="checkbox"/> Total withdrawal <input type="checkbox"/> Partial Withdrawal _____ FROM <input type="checkbox"/> Annuities <input type="checkbox"/> Life Insurance	
<b>4. SOURCE OF TRANSFER</b> (For Direct Rollovers, use form number USL 175)	
<b>TYPE OF TRANSFER</b> <input type="checkbox"/> Trustee-to-Trustee Transfer <input type="checkbox"/> IRA/SEP <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____ <input type="checkbox"/> Liquidate on maturity date of _____ (Before the maturity date, I understand there may be a penalty.) <input type="checkbox"/> Immediately <input type="checkbox"/> Non-Qualified Funds (Non-Insurance) <input type="checkbox"/> Certificate of Deposit: <input type="checkbox"/> Before the maturity date, I understand there may be a penalty <input type="checkbox"/> On the maturity date of _____ <input type="checkbox"/> Mutual Fund / Money Market Participants who are age 70 1/2 or older may be required to take a required minimum distribution prior to completing this transaction, if this a complete transfer. <input type="checkbox"/> IRC Section 1035(a) Non-Taxable Exchange of Non-Qualified Funds (For partial exchanges, use form USL 163)	
<b>ABSOLUTE ASSIGNMENT</b> I do absolutely assign and transfer the above identified life/annuity contract to The United States Life Insurance Company in the City of New York (US LIFE), its successors and/or assigns, along with any and all claims, options, privileges, rights, title, and interest therein, and subject to all conditions of such contract as consideration and in exchange for an annuity contract to be issued by US LIFE in conformance with section 1035 of the Internal Revenue Code. All power, election, appointments, options or rights exercisable by me as owner of the contract (including the right to surrender this contract) are now exercisable by US LIFE, subject to acceptance by the issuing company. The contract I am assigning is not subject to any prior assignment. It is not subject to proceedings in bankruptcy, federal tax levy, collection proceedings or any other legal action. There is no outstanding loan on the contract. No coverage takes effect with US LIFE because of this assignment or any application for an US LIFE contract. The contract issued by US LIFE will be deemed to be issued in exchange for the contract listed above when the proceeds of such contract are received by US LIFE and applied to its contract. If a claim should arise before payment of the surrender value in full is received by US LIFE, the undersigned understands no insurance has taken effect with US LIFE and the undersigned agrees to look solely to the insurer of the contract number noted above for relief. For ALL 1035 Exchanges, please provide the cost basis information for the current contract.	
<b>5. SIGNATURES</b>	
I understand and agree that if I establish more than one non-qualified annuity contract with The United States Life Insurance Company in the City of New York (US LIFE) in the same calendar year, US LIFE will be required to treat all such contracts as a single contract for tax purposes. Such policies are referred to as "serial policies." I understand and agree that this means that because serial policies are treated as one contract, all interest must be withdrawn and taxes paid on each contract in succession before any withdrawals of principal are allowed. I also understand and agree that an exchange of one non-qualified annuity contract for multiple non-qualified annuity contracts issued by more than one insurance company may not qualify for treatment as a nontaxable Section 1035 exchange of contracts. I hereby authorize US LIFE to rely upon the information provided by the current insurer, trustee, or custodian, and to assume, in the absence of such information, that more restrictive and/or less beneficial tax rules apply to the amounts transferred. I request that the above referenced contract be liquidated and transferred to The United States Life Insurance Company in the City of New York. I am aware of any penalties or surrender charges that will result from this liquidation by the previous company. I am further aware that any tax consequences of this transaction are solely my own and that I may wish to consult my tax advisor. Contract Owner: _____ Date: _____ Joint Owner: _____ Date: _____ Spouse/Irrevocable Beneficiary (if any) _____ Date: _____ Witness to all signatures: _____ Date: _____	
<b>6. ACCEPTANCE</b>	
For transfers of tax-qualified funds, the new contract must meet the same Internal Revenue Code requirements as the existing contract. On the above authorization and/or assignment, please liquidate the above assets. Assets will be accepted in new contract # _____ or existing contract # _____ Make check(s) payable and mail to: <b>The United States Life Insurance Company in the City of New York</b> FBO: _____ SSN: _____ P.O. Box 871 Amarillo, Texas 79105 Or if IRA Transfer <b>The United States Life Insurance Company in the City of New York</b> FBO: _____ _____ _____ _____ By: _____ Date: _____ US Life Insurance Company Representative/Title	

**Contract Number:** \_\_\_\_\_

This is a summary of the provisions of your annuity, but it is not a part of your contract. Your annuity contract contains complete details.

The Western National series of annuities is issued and underwritten in New York by The United States Life Insurance Company in the City of New York ("US Life") and in all other states by American General Life Insurance Company.

The Western National 7 Annuity is a single premium deferred annuity which offers an optional premium guarantee backed by US Life. The premium guarantee, if chosen, provides that your value at cancellation will be equal to or greater than your premium paid, less any previous withdrawals of interest or premium.

**ANNUITIES:** are not a deposit; are not FDIC/NCUA/NCUSIF-insured; are not insured by any federal government agency; are not guaranteed by the bank/credit union; and may lose value.

**Premium Guarantee:** I do  do not  elect the Optional Return of Premium Guarantee.

**Check the applicable interest rate option below. (Please find the interest rate option that you selected on your application. Note that if there is a discrepancy between the interest rates listed below and the interest rates stated on the application, the higher stated interest rate will apply.)**

**1 Year Effective Annual Interest Rate (with Premium Enhancement):** The present effective annual interest rate on the single premium is \_\_\_\_\_% and is guaranteed to be in effect for one year from the Contract Date. Additionally, US Life will credit your annuity contract with a one-time enhancement equal to \_\_\_\_\_% of your premium on the Contract Date, thereby providing a higher yield than the above stated effective annual interest rate. To achieve this yield, the premium must be left in the annuity for a full year without any withdrawals. Interest is credited and compounded daily to achieve the annual yield.

**3 Year Effective Annual Interest Rate (3-Year Guarantee):** The guaranteed effective annual interest rate on the single premium is \_\_\_\_\_% for years one through three. This rate includes a \_\_\_\_\_% enhancement to the current credited interest rate and is payable for the first three (3) years only. After three years, the enhancement is no longer payable. To achieve this rate, the premium must be left in the annuity for a full year without any withdrawals. Interest is credited and compounded daily to achieve the annual rate.

**5 Year Effective Annual Interest Rate (5-Year Guarantee):** The guaranteed effective annual interest rate on the single premium is \_\_\_\_\_% for years one through five. To achieve this rate, the premium must be left in the annuity for a full year without any withdrawals. Interest is credited and compounded daily to achieve the annual rate.

**7 Year Effective Annual Interest Rate (7-Year Guarantee):** The guaranteed effective annual interest rate on the single premium is \_\_\_\_\_% for years one through seven. To achieve this rate, the premium must be left in the annuity for a full year without any withdrawals. Interest is credited and compounded daily to achieve the annual rate.

**Guaranteed Minimum Interest Rate: (The current guaranteed minimum interest rate is predetermined by US Life.)** The effective annual interest rate will be declared from time to time by the Board of Directors and is guaranteed to always be at least \_\_\_\_\_%. This guaranteed minimum interest rate will remain in effect for the life of your contract and is not subject to change.

**Withdrawal Privileges:** After 30 days from the Contract Date, you may take multiple penalty-free withdrawals each year not exceeding in total the greater of (1) the accumulated interest earned or (2) up to 15% of the previous anniversary annuity value. If you do not use all of the 15% free withdrawal percentage in a contract year, you may carry over the unused portion to the next contract year up to a maximum of 20% of the previous anniversary annuity value. Withdrawals in excess of the permitted free withdrawals are subject to an early withdrawal charge for seven years from the Contract Date.

**Withdrawal Charge Schedule**

Contract Year	1	2	3	4	5	6	7	Thereafter
Charge	9%	8%	7%	6%	5%	4%	2%	0%

(% of Excess Amount Withdrawn)

Tax-qualified contracts such as IRAs, 401(k)s, etc. are tax deferred regardless of whether or not they are funded with an annuity. If you are considering funding a tax-qualified retirement plan with an annuity, you should know that an annuity does not provide any additional tax-deferred treatment of earnings beyond the tax-qualified plan or program itself. However, annuities do provide other features and benefits such as death benefits and income payment options.

*The expense charges may be higher and/or the interest rate credited may be lower for a contract with an interest or premium bonus than for a contract without such a bonus. The amount of the bonus may be more than offset by the charges and/or reduced interest associated with the bonus.*

**Extended Care Rider:** Early withdrawal charges may be waived in the event an Owner receives qualifying extended care if:

- Extended care begins at least two years after the Contract Date; and
- Extended care is provided in a qualified institution for at least ninety consecutive days.

Coverage terminates on the earliest of the date income payments begin or the date on which the annuity contract terminates.

**Waiver of Early Withdrawal Charges:** Early withdrawal charges may be waived if:

- A Licensed Health Care Practitioner certifies that the Owner is unable to perform at least 2 of 6 Activities of Daily Living for at least 90 consecutive days; and
- Certification by a Licensed Health Care Practitioner occurs at least one year after the Contract Date.

Coverage terminates on the earliest of the date income payments begin or the date on which the contract terminates.

**Terminal Illness Rider:** Early withdrawal charges may be waived on one partial withdrawal or full withdrawal of the annuity value if:

- An Owner is diagnosed with a disease or medical condition which a qualified physician expects will result in death within one year; and
- US Life receives notice of an Owner's terminal illness.

Coverage terminates on the earliest of the date income payments begin, the date of a withdrawal taken according to the provisions of this rider, or the date on which the annuity contract terminates.

**Federal Tax Penalty:** Withdrawals from your annuity prior to age 59½ are generally subject to a 10% federal early withdrawal penalty.

**Annual Statements:** A statement of your account will be provided at least once each contract year.

By signing below, I/we acknowledge that I/we have read and understand the above items, **including the information on page 1 of this form**, have received a copy of this acknowledgment and certify that I/we have paid a single premium of \$ \_\_\_\_\_ to purchase a Western National 7 Annuity from US Life. I/we further certify that my/our financial objectives and situation were assessed and that this annuity is suitable for me/us.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

_____	_____	_____
AGENT'S NAME (Please Print)	OWNER'S NAME (Please Print)	JOINT OWNER'S NAME, IF ANY (Please Print)
_____	_____	_____
AGENT'S SIGNATURE	OWNER'S SIGNATURE	JOINT OWNER'S SIGNATURE, IF ANY

**INHERITED/STRETCH INDIVIDUAL RETIREMENT ACCOUNT**

OWNERSHIP TITLE: _____ as beneficiary of _____ (decedent)						
<b>BENEFICIARY ACCOUNT HOLDER INFORMATION</b>						
Contract/Certificate Number _____						
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Estate <input type="checkbox"/> Trust						
Name (please print) _____				Work Telephone Number _____		Home Telephone Number _____
Home Address Street _____				Date of Birth _____		
City _____		State _____	Zip _____	Social Security or Tax ID Number _____		
Type of beneficiary: <input type="checkbox"/> Spouse (Sole beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Non-Spouse (Multiple beneficiaries on one account: <input type="checkbox"/> Yes <input type="checkbox"/> No) If yes, age of oldest beneficiary _____ <input type="checkbox"/> Trust (Irrevocable: <input type="checkbox"/> Yes <input type="checkbox"/> No - If no is checked, look through exception does not apply) You must provide a completed trust certification form. (Form USL 900) <input type="checkbox"/> Estate - Requires a letter of court appointment. <input type="checkbox"/> Entity - Requires a letter from the organization on their official letterhead stating who is responsible for signing on behalf of the organization and listing the tax ID number of the entity.						
<b>DECEDENT'S INFORMATION</b>						
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.						
Name (please print) _____						
Social Security or Tax ID Number _____			Date of Birth _____		Date of Death _____	
Source of Funds for Rollover/Transfer In : <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Inherited IRA established _____ <input type="checkbox"/> Employer Sponsored Plan (e.g. 401(a)/(k), 403(a), 403(b), governmental 457(b))						
<b>METHOD OF DISTRIBUTION FOR INHERITED/STRETCH INDIVIDUAL RETIREMENT ACCOUNT</b>						
<b>A. If the Decedent died prior to his or her Required Beginning Date.</b> (Also use for Roth IRA) (Choose one of the following options based on your type of beneficiary) Required Beginning Date is April 1 <sup>st</sup> following the year in which decedent attained, or would have attained, age 70 ½.						
	Option	Spouse (sole beneficiary)	Non-spouse	Trust	Estate	Entity
<input type="checkbox"/>	I elect to take required minimum distributions based on my life expectancy using the IRS Single Life Expectancy Table.	Yes	Yes	No (Unless look through trust exceptions are met)	No	No
<input type="checkbox"/>	I elect to deplete all funds by 12/31 of the year containing the 5 <sup>th</sup> anniversary of the Decedent's death.	Yes	Yes	Yes	Yes	Yes
<b>B. If the Decedent died on or after his or her Required Beginning Date:</b> (Choose one of the following options based on your type of beneficiary) Required Beginning Date is April 1 <sup>st</sup> following the year in which decedent attained, or would have attained, age 70 ½. <b>NOTICE: I understand if the RMD (required minimum distribution) has not been removed for the year in which the Decedent account holder died, I am required to remove the RMD based on the decedent's life expectancy. I also understand that this transaction must be completed before the account can be transferred/rolled over into my IRA and that the IRS may impose a severe penalty for failure to take a required minimum payment.</b>						
	Option	Spouse (sole - beneficiary)	Non-spouse	Trust	Estate	Entity
<input type="checkbox"/>	I elect to continue receiving payments based on the decedent's life expectancy.	Yes	Yes	Yes	Yes	Yes
<input type="checkbox"/>	I elect to take required minimum distributions based on my life expectancy using the IRS Single Life Expectancy Table.	Yes	Yes	No (Unless look through trust exceptions are met)	No	No
<b>C. <input type="checkbox"/> I elect to receive required minimum distributions from another Inherited/Stretch IRA account for the same deceased owner.</b> US Life is entitled to rely on my election to take annual required minimum distribution from another institution. I assume all responsibility for any tax consequences that may result from aggregating my accounts. I agree to supply the other institution(s) with the Contract Value of my US Life contract. I understand my election will remain in effect until I notify US Life of my intent to begin taking distributions from my US Life contract.						

FREQUENCY OF PAYMENT

I would like to begin receiving my payment \_\_\_\_\_, \_\_\_\_\_.  
Month Year

I would like my payment on the \_\_\_\_ 10<sup>th</sup> \_\_\_\_ 25<sup>th</sup> \_\_\_\_ or the last day of the month.

I would like my payment to be made \_\_\_\_ monthly \_\_\_\_ quarterly \_\_\_\_ semi-annually \_\_\_\_ or annually.

(For monthly, quarterly, and semi-annual payments, the minimum payment amount is \$50.00. If your payment is less than \$50.00, we will process the payment when the minimum amount is accumulated and adjust the frequency accordingly.) If the frequency or month of the first installment is not indicated, payments will be made annually.

METHOD OF PAYMENT

- Direct Deposit (EFT)       Checking Account       Savings Account  
(Note: Please attach a Voided Check for routing number verification.)

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Transit / Routing Number

- Paper Check

TAX WITHHOLDING ELECTION

The distribution(s) you receive from the Insurer are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the taxable portion of your distribution. Your withholding election will remain in effect until you revoke it. The Insurer will withhold 10% of the taxable amount unless you indicate otherwise below.

States with a state income tax either require mandatory withholding or allow voluntary withholding. If your state requires mandatory withholding, we will withhold the mandatory amount without regard to your election below. Each state determines their specific state withholding requirements and we will follow your state of domicile withholding obligations. State withholding may be subject to a 5% administrative default rate when state withholding is requested and no withholding amount is designated. Your state of residence may require that your state income tax withholding election be provided to us on a specific state form. Should your state of domicile require a specific state withholding form, your state income tax withholding election will not occur until the required form is received by our office.

Even if you elect not to have federal or state income tax withheld, or if you do not have enough federal income tax withheld, you are liable for payment of the income tax on the taxable portion of the distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate.

Federal Withholding Election

- DO NOT withhold any federal income taxes unless mandated by law
- DO withhold federal income taxes in the amount of \_\_\_\_\_ % (cannot be less than any mandatory withholding)

State Withholding Election

- DO NOT withhold any state income taxes unless mandated by law
- DO withhold state income taxes in the amount of \_\_\_\_\_ % (cannot be less than any mandatory withholding)

Notice to non-resident aliens: A payment to an address outside the United States may be subject to federal income tax withholding at a rate of 30%, unless the payee submits a completed IRS Form W-8BEN and the payment is eligible for reduced withholding.

**SIGNATURES**

I have chosen to open an Inherited/Stretch IRA account, I understand that the tax laws surrounding this transaction may be complex depending on my financial situation. US Life advises consulting with a professional tax advisor or attorney before completing this transaction, and I am responsible for seeking the advice of a tax professional prior to completing this transaction. I certify that no tax advice has been given to me by US Life. I agree to hold US Life harmless and indemnify US Life for any adverse consequences regarding this transaction. I also agree that I am responsible for determining the appropriateness of this transaction and beneficiary designation, including propriety under Internal Revenue Code, state law, and any other law, code, rule, regulation or statute.

I certify that I am the eligible beneficiary authorized to make these elections. I understand these elections are irrevocable as of the deadline for making elections. I certify that all information provided by me is true and accurate and I agree to abide by current rules and regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**MINIMUM DISTRIBUTION ELECTION FORM**

Annuitant: \_\_\_\_\_ Contract/Certificate Number: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Note: If you borrow, surrender, or withdraw any funds from your contract/certificate, the guaranteed elements, non-guaranteed elements, face amount, or surrender value of your existing contract/certificate may be affected.

<b>SECTION I</b>  <b>MINIMUM DISTRIBUTION ELECTION</b>	<p><b>Select only one option:</b></p> <p><input type="checkbox"/> A. I elect to withdraw my required minimum distribution from my The United States Life Insurance Company in the City of New York ("US Life") annuity based on the entire account balance of my contract/certificate. (Please complete ALL sections.)</p> <p><input type="checkbox"/> B. 403(b) TSA Contract/Certificate Owners Only: I elect to withdraw my required distribution from my US Life annuity based on the accrued benefits since December 31, 1986. (Please complete ALL sections.)</p> <p><input type="checkbox"/> C. I elect to withdraw my required minimum distribution from another institution. (Please sign below.)</p> <p style="text-align: center;"><b>US Life is entitled to rely on my election to take my annual required minimum distributions from another institution. I assume all responsibility for any tax consequences that may result from aggregating my accounts. I agree to supply the other institution(s) with the account balance of my US Life annuity. I understand my election will remain in effect until I notify US Life of my intent to begin taking distributions from my US Life annuity.</b></p> <p style="text-align: center;">                 _____                  Signature <span style="margin-left: 200px;">_____</span>                  Date             </p> <p><input type="checkbox"/> D. I elect to defer taking my required minimum distribution from my US Life annuity until I retire. I will be responsible for notifying US Life when I retire. (This option is not available to 5% owners or IRA owners.)</p> <p style="text-align: center;">                 _____                  Signature <span style="margin-left: 200px;">_____</span>                  Date             </p>
<b>SECTION II</b>  <b>METHOD OF CALCULATION</b>	<p><b>Select only one option:</b></p> <p><input type="checkbox"/> A. Uniform Lifetime Method (This option is available to all annuitants).</p> <p><input type="checkbox"/> B. Joint Life Recalculated Method (This option is available only if your sole beneficiary is your spouse AND he/she is more than 10 years younger than you.)</p> <p style="text-align: center;">                 _____                  Name of Spouse <span style="margin-left: 200px;">_____</span>                  Date of Birth of Spouse             </p>
<b>SECTION III</b>  <b>PAYMENT DATE AND FREQUENCY</b>	<p>I would like to begin receiving my payment _____, _____.</p> <p style="text-align: center; font-size: small;">Month                      Year</p> <p>I would like my payment on the ___ 10<sup>th</sup> ___ 25<sup>th</sup> ___ or the last day of the month.</p> <p>I would like my payment to be made ___ monthly ___ quarterly ___ semi-annually ___ or annually.</p> <p>(For monthly, quarterly, and semi-annual payments, the minimum payment amount is \$50.00. If your payment is less than \$50.00, we will process the payment when the minimum amount is accumulated and adjust the frequency accordingly.) <b>If the frequency or month of the first installment is not indicated, payments will be made annually.</b></p>

<p><b>SECTION IV</b></p> <p><b>METHOD OF PAYMENT</b></p>	<p style="text-align: center;"> <input type="checkbox"/> Direct Deposit (EFT)                      <input type="checkbox"/> Checking Account                      <input type="checkbox"/> Savings Account            (Note: Please attach a Voided Check for routing number verification.)         </p> <hr/> <p style="display: flex; justify-content: space-between;"> <span>Name of Financial Institution</span> <span>Address of Financial Institution</span> </p> <hr/> <p style="display: flex; justify-content: space-between;"> <span>Account Number</span> <span>Transit / Routing Number</span> </p> <p><input type="checkbox"/> Paper Check</p>																				
<p><b>SECTION V</b></p> <p><b>WITHHOLDING ELECTION</b></p>	<p>The distribution(s) you receive from the Insurer are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the taxable portion of your distribution. Your withholding election will remain in effect until you revoke it. The Insurer will withhold 10% of the taxable amount unless you indicate otherwise below.</p> <p>States with a state income tax either require mandatory withholding or allow voluntary withholding. If your state requires mandatory withholding, we will withhold the mandatory amount without regard to your election below. Each state determines their specific state withholding requirements and we will follow your state of domicile withholding obligations. State withholding may be subject to a 5% administrative default rate when state withholding is requested and no withholding amount is designated. Your state of residence may require that your state income tax withholding election be provided to us on a specific state form. Should your state of domicile require a specific state withholding form, your state income tax withholding election will not occur until the required form is received by our office.</p> <p>Even if you elect not to have federal or state income tax withheld, or if you do not have enough federal income tax withheld, you are liable for payment of the income tax on the taxable portion of the distribution. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate.</p> <p><b>Federal Withholding Election</b></p> <p><input type="checkbox"/> DO NOT withhold any federal income taxes unless mandated by law</p> <p><input type="checkbox"/> DO withhold federal income taxes in the amount of _____ % (cannot be less than any mandatory withholding)</p> <p><b>State Withholding Election</b></p> <p><input type="checkbox"/> DO NOT withhold any state income taxes unless mandated by law</p> <p><input type="checkbox"/> DO withhold state income taxes in the amount of _____ % (cannot be less than any mandatory withholding)</p> <p><b>Notice to non-resident aliens:</b> A payment to an address outside the United States may be subject to federal income tax withholding at a rate of 30%, unless the payee submits a completed IRS Form W-8BEN and the payment is eligible for reduced withholding.</p>																				
<p><b>SECTION VI</b></p> <p><b>TAXPAYER IDENTIFICATION NUMBER</b></p>	<p>This section must be completed and signed by the Owner of the annuity identified on this form. Failure to do so may delay your request.</p> <p>Please enter your taxpayer identification number:</p> <div style="text-align: center; margin: 10px 0;"> <table border="1" style="border-collapse: collapse; width: 200px; height: 25px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> </div> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p style="display: flex; justify-content: space-between;"> <span>Signature of Owner</span> <span>Date</span> </p>																				

The Western National series of annuities is issued and underwritten in New York by The United States Life Insurance Company in the City of New York and in all other states by American General Life Insurance Company.

## Definition of Replacement

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IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?

YES  NO

- (2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?

YES  NO

- (3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?

YES  NO

- (4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?

YES  NO

- (5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?

YES  NO

- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?

YES  NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE DEPARTMENT REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION:  
 YES  NO

\_\_\_\_\_  
SIGNATURE OF AGENT

\_\_\_\_\_  
DATE